

Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/926007

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2		/					52					
3			/				53					
4	/						54					
5	/						55					
6	/						56					
7		/					57					
8		/					58					
9	/						59					
10	/						60					
11	/						61					
12		/					62					
13		/					63					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	12	↓		↓		↓	TOTAL IND.	↓		↓		↓
TOTAL DEP.	18	↓		↓		↓	TOTAL DEP.	↓		↓		↓
TOTAL CLAIMS	18						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS